

**SOUTH CAROLINA  
WHITE HOUSE CONFERENCE ON AGING**

**April 25-27, 2005**

**(D)  
Workforce  
Issues**

**Issue Papers**

**Atlantic B**

# **Workforce Issues**

*By*

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**SOUTH CAROLINA – WHCoA ISSUE PAPER**  
**Submitted by Billy Wooten, Regional Director Experience Works, Inc.**

**Statement of the issue as addressed in the paper**

It is an exciting time for the aging workforce. Demographic realities are on the side of older workers in South Carolina and across the country: 78 million members of the baby boom generation are now more than 40 years of age. Innovative approaches to employment and training are on the horizon and the Workforce Three R's – Recruitment, Retraining, and Retention, are in for some big changes. Now is the time to embrace policies that are successful and develop new strategies that value and promote the skills and abilities of aging workers of our state and country.

**Barriers to be overcome in order to act on the issue**

The barriers that older workers, workforce development professionals, aging advocates and the business community must address and overcome include, but are not limited to:

- Age discrimination and unsubstantiated myths of older workers
- Workplace disincentives to remaining employed and the concept of retirement as a required rite of passage
- Physical, psychosocial, societal, organizational, and economic realities of an aging workforce that must be researched and addressed through policies, accommodations, and cultural changes
- Life long learning, retraining, and multiple career path accommodations that are tailored to meet the needs of older individuals
- The challenges of low skilled, low income, older workers with multiple barriers to employment, who must work to maintain the basic essentials of life including food, shelter, clothing, and medical care.

**Workable solution(s) to overcome these barriers**

**Age Discrimination and Unsubstantiated Myths About Older Workers**

Age discrimination is real. More than 17,800 age discrimination complaints were filed in 2004 with the U.S. Equal Employment Opportunity Commission, which is the third highest number of complaints in the past decade. Coupled with the myths about older workers being less dependable, more accident prone, harder to train, and not wanting to work, older workers are not willing to be subject to unfair treatment that stands in their way of employment. The continued pressure to challenge and interpret existing laws in the state and federal courts will increase the effectiveness of these laws and point to gaps that must still be addressed. The role of older worker advocates is to develop policy proposals and messages that result in legislative and regulatory improvements that increase the fair treatment of older individuals in the workplace.

### **Workplace Disincentives to Remaining Employed and the Concept of Retirement as a Required Rite of Passage**

Until just recently early retirement packages were a prevalent way for companies to hire younger workers, reduce costs, and thin the ranks of their aging workforce anxious to leave out of boredom, lack of challenges and upgraded training, or crushed hopes for further advancement. With fewer younger workers available, many companies are rethinking "early retirement." In the short term, creative but economically feasible alternative work arrangements, phased retirement, and flexible work options need to be developed and adopted so experienced staff can continue working at their present jobs if they so desire. In the longer term, new messages must be developed to promote the value of work to older people, the economic and organizational contributions older workers can make to their employers, and the advantages to both employers and employees when retirement is not an inevitable outcome of advancing years.

### **Physical, Psychosocial, Societal, Organizational, and Economic Realities of an Aging Workforce That Must be Researched and Addressed Through Policies, Accommodations, and Cultural Changes**

Medical advances, technology, job functions, and attitudes about older workers have dramatically changed over the last 50 years. Research is needed to study older workers needs of the 21<sup>st</sup> century and recommend policies, accommodations and systems changes. While some research is needed on the national level, state and local educational institutions, business organizations, economic and workforce development entities, and professional, trade, service, and civic groups can provide valuable input into how employers and employees perceive the future of older workers, their needs, and possible solutions.

### **Life Long Learning, Retraining, and Multiple Career Path Accommodations That are Tailored to Meet the Needs of Older Individuals**

A recent study conducted by Dr. Tracey Rizzuto, assistant professor of psychology at Louisiana State University, found that older workers exhibited more willingness to learn new technology and concluded that training and retraining is a small price to pay to retain a valuable segment of the workforce.

Whether older workers want to remain in their present jobs, want career advancement or a whole new vocation, they will need constant training to do their jobs effectively. Consequently, cost effective and industry developed training, which takes into consideration older individual learning styles, applicability, life experience, and desire to move quickly from training to job performance is needed to accommodate employer and employee interests.

### **The Challenges of Low Skilled, Low Income, Older Workers With Multiple Barriers to Employment**

While many aging workers have been successful in their chosen career, others have struggled their entire lives. Many of South Carolina's older adults live in rural areas where there are few jobs, limited options for training, and scarce transportation. Adding low skills, no GED, disabilities, or homelessness, these older workers are at a severe disadvantage when competing for jobs. Current programs such as the Senior Community Service Employment Program and Workforce Investment Act Programs provide some assistance, but as the workforce ages, significantly greater resources and solutions are needed to ensure that these older workers have the skills needed by employers and they will get hired. Expanding employer partnerships that value the opportunity to train individuals on specific tasks, encouraging the use of technology for work from remote locations, and providing economic development incentives for creative approaches to employing older workers with multiple challenges will provide long-term economic and social benefits.

### **Recommendations for Action**

- ☑ Educate the business community on the value of older workers, their ability to learn and adapt, and the costs of age discrimination. Market the ability of seniors to learn and adapt to new technology and provide benefits to the company.
- ☑ Strengthen coalitions of legal, legislative, governmental, educational, private sector, and community and faith-based organizations that examine community needs and offer concrete solutions to aging workforce issues.
- ☑ Encourage public and private research that identify employer and employee needs and interests, develop new training methodologies, and offer concrete solutions to the economic and societal implications of an aging workforce.
- ☑ Implement the recommendations of the USDOL Office of Policy Development and Research Protocol for Serving Older Workers, which calls for innovative strategies for serving older workers and increased training of Workforce Investment Act One Stop/Career Center staff on issues and barriers that older workers face and debunk the common myths held about older workers.
- ☑ Significantly increase funding and expand services of the Senior Community Service Employment Program, Title V of the Older Americans Act . The funding formula for this program has not been revised in more than 20 years, yet the need has dramatically expanded. In its 40<sup>th</sup> year of service to disadvantaged older workers, community based organizations, the workforce system and the business community, SCSEP provides a strong leadership role in serving older workers and their employers in South Carolina and nationwide and can serve as a model for innovative targeted services for the future.

# **Workforce Issues**

*By*

Joe Riley, III, CLTC  
Long Term Care Specialist  
MassMutual Financial Group  
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# The Impact of Long Term Care on Our Workforce

By Joe Riley III, CLTC, (Certified in Long Term Care)  
Long Term Care Specialist, MassMutual Financial Group

The aging process and caring for the aging is impacting business nationally and, more importantly, in South Carolina. A large portion of caregivers (currently about 44 million people in the U.S.) already work full time but have the responsibility of caring for family members who do not have money for a professional caregiver.

Here are some key points depicting why LTC is problem for employees in the workforce:

- 51.8% of informal care providers are employed full-time<sup>1</sup>
- Caregivers spend approximately \$2 billion in out of pocket expenses for caregiving<sup>1</sup>
- The estimated cost of informally provided long term care to American business is in excess of \$29 billion a year!<sup>1</sup>
- 35% of both men and women workers say they have provided regular care for a parent or in-law over age 65 in the past few years, helping them do things that they could not do themselves<sup>2</sup>
- By the end of this decade, the number of employee caregivers is expected to increase between 11 and 15.6 million, or 1 in 10 employees<sup>3</sup>

## CAREGIVERS IN THE WORKPLACE

In one important study of working caregivers, those surveyed said they made at least one formal adjustment to their work schedule as a result of caring for a partner or other family member.<sup>4</sup>

16% - Quit their job

20% - Cut back to part time

22% - Took a leave of absence They also stated that caregiving affected their ability to advance on the job.

29% - Passed up a promotion, training, or assignment

25% - Passed up an opportunity for a job transfer

22% - Were unable to acquire new job skills

We in the Palmetto State are obviously experiencing a new crisis of eldercare and its impact on workplace productivity. The employer loses twice-once when the employee leaves work, and then again when the employee returns exhausted physically, emotionally, and financially from caring for their family member.

Families today are smaller and more geographically dispersed, and far more women-traditionally the family caregivers-are juggling work and childrearing along with their caregiving duties. Forty percent of caregivers are raising their own children, and two thirds are working, mostly full-time.<sup>6</sup> This is an example of what many people refer to as the “sandwich generation”.

## HOW IMPORTANT IS LTC TO EMPLOYEES?

Over 98% of employees who purchase LTC insurance through their employers, or are provided coverage, say policies give them peace of mind.<sup>5</sup> Their most important reasons for buying LTC insurance are:

- Protect Assets
- Leave an Estate
- Preserve Financial Independence
- Guarantee Affordability of Coverage in later years

It is evident that the federal government has shifted the responsibility of LTC and LTC insurance to the backs of Americans. This is why the the Federal LTC Plan was set up in 2001 (a partnership between MetLife and John Hancock). The federal government also understands that Medicaid could overwhelm the states if something is not done quickly. This led to the current involvement of the National Awareness Campaign by the Governor's Association to do a broadcast mailing to citizens in their respective states. This program targets 50 to 70 year olds in the states of Arkansas, Idaho, Nevada, New Jersey, and Virginia.

The bottom line is that there needs to be more awareness about LTC and its impact on the productivity of our workplaces in America and, more importantly, in the Palmetto State. Also, there needs to be more incentives to make LTC insurance more affordable to employers to provide this benefit to their employees. The following recommendations are national in scope but should add insight to incentives to make LTC insurance more viable as an employee benefit.

#### **RECOMMENDATIONS:**

1. To support our SC Congressional Delegation to get behind S.602 "The Ronald Reagan Alzheimer's Breakthrough Act of 2005." Major measures of this bill would include:

Encourage families to prepare for their long term care needs by providing an above-the-line tax deduction for the purchase of LTCi

Increase funding for the National Family Caregiver Support Program to \$250 million

Establish a \$3000 tax credit for caregivers to help with the high health costs of caring for a loved one at home

1 To support our SC Congressional Delegation to get behind the LTC Retirement and Security Act that would permit inclusion of LTCi in cafeteria plans (section 125 plans).

2 To support our SC Congressional Delegation to get behind efforts to make LTCi premiums 100 percent deductible to employers regardless of their incidence of ownership.



## References

<sup>1</sup> MetLife Mature Market Institute Survey.

<sup>2</sup> National Study of the Changing Workforce, Families in Work Institute, 2002.

<sup>3</sup>

Long Term Care Insurance Background, United States Office of Personnel Management, Federal Employees Health Benefits Program, March 2002.

<sup>4</sup>

The MetLife Juggling Act Survey, “Balancing Care giving with Work and Costs Involved,” MetLife Mature Market Institute, November 1999.

<sup>5</sup>

“Who Buys Long Term Care Insurance in the Workplace, (HIAA), and November 2001.

<sup>6</sup> Jennifer N. Edwards, Michelle M. Doty, and Cathy Schoen, “The Erosion of Employer-Based Health Coverage and the Threat to Workers’ Health Care: Findings from the Commonwealth Fund 2002 Workplace Health Insurance Survey,” The Commonwealth Fund, Issue Brief, August 2002.



# **Labor Force and Government Finance Impacts of South Carolina's Aging Population**

By

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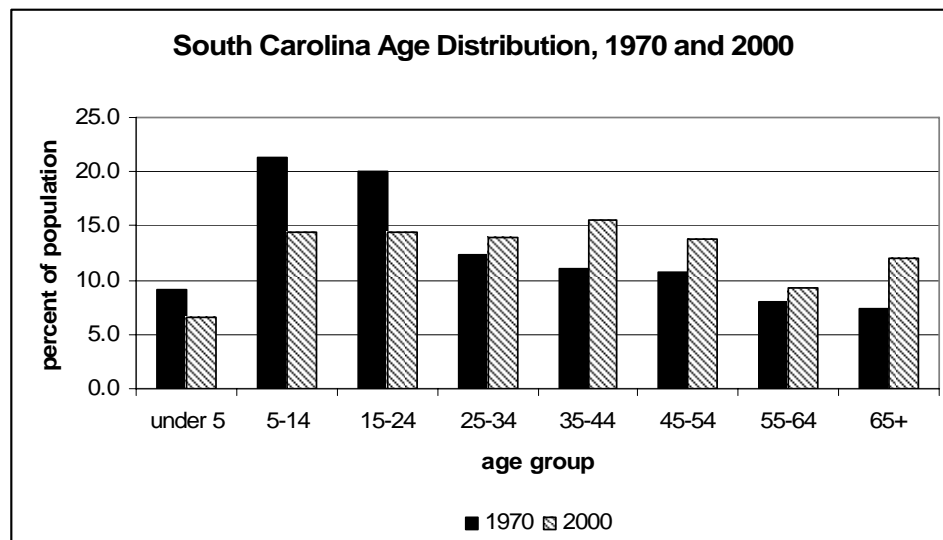
## Labor Force and Government Finance Impacts of South Carolina's Aging Population

Dr. Donald L. Schunk, Moore School of Business, University of South Carolina

South Carolina has consistently seen its population grow slightly faster than the national average in recent decades. Between 1980 and 1990, the state's population grew a total of 11.7 percent compared to 9.8 percent nationally. Between 1990 and 2000, South Carolina's population grew 15.1 percent while the nation's population grew by 13.1 percent. This trend appears to be continuing into the earliest years of the 21<sup>st</sup> century. Between the 2000 Census and 2004, South Carolina has seen population growth of 4.6 percent while the U.S. has grown by 4.3 percent.

These are long-term trends that are likely to persist as the U.S. population continues to move towards the South and West from the North and East. Since 1790, the mean center of the U.S. population has moved roughly 1,000 miles to the West and South from Chestertown, Maryland in 1790 to Edgar Springs, Missouri as of 2000.<sup>1</sup>

South Carolina's population is not only growing relatively quickly, but it is also aging relatively quickly. In 1970, for example, 50.5 percent of the state's population was less than 25 years old. By 2000, the share of residents in this age range had fallen to 35.3 percent. Meanwhile, the share of the population aged 55 years and older has risen from 15.4 percent in 1970 to 21.4 percent in 2000. Between 1990 and 2000, the number of people aged 15 to 34 in South Carolina actually fell from about 1.15 million to less than 1.14 million. The changing age distribution is illustrated below.



This aging of the population will have substantial labor force and government finance impacts in the coming years and decades. For the U.S., according to the Bureau of Labor Statistics the percentage of the labor force aged 45 and older stood at

<sup>1</sup> The U.S. Census Bureau issues the location of the mean center of the U.S. population after each decennial census. Between 1990 and 2000, the mean center of the population moved more than 12 miles south and more than 35 miles west.

33 percent in 1998. It is estimated that by 2008, about 40 percent of the labor force will be 45 or older. Meanwhile, the percentage of the labor force between the ages of 25 and 44 is expected to fall from 51 percent in 1998 to 44 percent by 2008. Overall, the median age of the workforce should climb from 38.7 years in 1998 to 40.7 years by 2008.<sup>2</sup>

On a more detailed level, the wave of retiring baby boomers is expected to have the largest impacts on those industries and occupations that are generally less subject to productivity-enhancing gains in technology. For example, occupations such as education and health care tend to see lower gains in productivity. Therefore, large losses from retirement will directly impact the provision of education and health services unless new workers enter these fields. However, even in occupations that do see more productivity advances, such as manufacturing, there can be steep learning curves such that the loss of human capital and institutional knowledge will be felt.

The following table provides estimates of the national retiree replacement needs for certain occupations. Here, the majority of the occupations facing the greatest replacement needs are service-related fields, many of them in education as well as health care and government.

<b>Occupations with Greatest Retiree Replacement Needs, 1998-2008</b>	
<b>Occupation</b>	<b>Retiree replacement needs (thousands)</b>
Secretaries	519
Truck drivers, heavy	425
Teachers, elementary school	418
Janitors and cleaners	408
Teachers, secondary school	378
Registered nurses	331
Bookkeepers, accounting and audit clerks	330
Teachers, college and university	195
Administrators, education and related fields	178
Farmers	175
Supervisors, construction occupations	165
Administrators and officials, public administration	143
Real estate sales occupations	144
Insurance sales occupations	135
Industrial machinery repairers	125
Maids and housekeeping cleaners	122
Private household cleaners	112
Physicians	108
Financial managers	102
Lawyers	99

<sup>2</sup> Dohm, Arlene, "Gauging the labor force effects of retiring baby-boomers," *Monthly Labor Review*, July 2000, pp. 17-25.

source: Dohm, Arlene, "Gauging the labor force effects of retiring baby-boomers."

From the perspective of government revenue generation, this aging of the population is likely to squeeze state and local governments. The aging population may result in downward pressure on income and sales tax revenues, and a growing share of the population will be eligible for tax breaks offered to seniors. The aging population is also likely to exert upward pressure on government service provision.

<sup>1</sup> The U.S. Census Bureau issues the location of the mean center of the U.S. population after each decennial census. Between 1990 and 2000, the mean center of the population moved more than 12 miles south and more than 35 miles west.

<sup>1</sup> Dohm, Arlene, "Gauging the labor force effects of retiring baby-boomers," *Monthly Labor Review*, July 2000, pp. 17-25.



# **Health Care Worforce Shortages**

By

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# **SC White House Conference on Aging Issue Paper**

## **Health Care Workforce Shortages**

**Renatta S. Loquist, RN, MN, FAAN**

### **I. Statement of Issue:**

Numerous state and national studies have predicted an unprecedented shortage of nurses and allied health personnel over the next decade. These shortages are a result of

1. an aging nursing workforce who will retire from practice or at a minimum reduce the number of hours they spend in practice;
2. a decline in the number of female high school graduates choosing nursing as a career and the difficulty in recruiting men and minorities into the profession;
3. long waiting lists in schools of nursing due to a lack of sufficient qualified faculty to increase enrollments and graduate more students;
4. lack of adequate funding of educational programs to expand capacity to meet the demand for graduates;
5. lack of incentives to entice nurses and health personnel to practice in rural and other settings where high shortages exist.

The Bureau of Health Professions, Health Resources and Services Administration (HRSA) has predicted a shortfall of 1 million nurses by the year 2020, meeting only 36% of the estimated demand for nursing services in that period. The same study predicts that SC will have a shortfall of 12,100 nurses, meeting only 32% of the demand for services. Given these data, SC would need to, at a minimum, double graduation rates from every program in our state to keep pace with the deficit. At the current budget levels, every nursing education program is operating at full capacity and cannot increase enrollment.

The growing shortage of nurses and other health care providers along with the increasing demand for services generated by the baby boomers reaching age 65 and becoming Medicare-eligible along with the increasing population over age 85 has been described by some as the “perfect storm” scenario. The age 65 population is expected to grow by 72% by 2020 (HRSA). As SC continues to entice seniors to our state as a desirable retirement location, our health care organizations and agencies will continue to be stressed by growing demand for services.

The insufficient numbers of nurses impacts the ability of hospitals and long-term care agencies to admit patients, results in delays for services, closed units, loss of income to communities and health care facilities, and ultimately an impact on the morbidity and mortality of our population.

### **II. Barriers to Overcome in Order to Act on the Issue**

The most critical need at this point in time is to immediately begin to increase graduation rates from our schools of nursing. In order to accomplish this goal, the most pressing need is for more qualified faculty. A survey of nursing education programs conducted by the SC League for Nursing in 2004 revealed 32 current faculty vacancies with another 62 anticipated vacancies over the next 5 years due to faculty retirements. These figures do not account for unanticipated losses due to relocation, illness, taking

another position, or other reasons. Only 6% of the nursing workforce is prepared at the Master's degree level, a requirement to teach in a registered nurse program.

A second barrier is the recruitment of qualified high school students into nursing and health care careers. Men and minorities are in particular short supply with men making up only 6% of the RN workforce and minorities only 12%. It will be impossible to increase the supply of the workforce without making significant increases in the numbers of males and minorities in the workforce.

A third barrier to overcome is the work environment itself. Strategies must be developed to retain aging nurses in the workforce. Technology incentives, shorter work hours than the typical 12-14 hour shifts, lift devices, and other ergonomic modifications must be made.

Finally, the fact that there is no centralized clearinghouse for maintaining information on what progress is being made on the workforce shortages, or what successful strategies are being implemented that could be replicated, is slowing the progress of SC to overcome this serious healthcare crisis. Many other states have created Centers for Nursing Workforce development that have done extraordinary work in finding grant funding to bring into the state to deal with their issues. The Centers have maximized their resources by building public/private partnerships to leverage their assets in dealing with the anticipated shortages. In SC every healthcare agency is concerned, and most are pouring money into what they think is best, but there is no master plan or oversight to assure the state is on the right track in reaching its goals.

### **III. Workable Solutions to Overcome Barriers**

#### **1. State Level:**

- a. Establish a SC Center for Nursing Workforce Development to bring together a coalition of health care leaders to develop a statewide master plan that addresses the healthcare workforce shortages and seeks funding to target areas of greatest concern.
- b. Create incentives for SC graduate nurses to practice in designated shortage areas by offering loan-forgiveness/loan cancellation programs for each year employed in the designated shortage area.
- c. Provide scholarships or loan forgiveness programs targeted at BSN students to enroll in graduate education and agree to teach in SC nursing education programs.
- d. Provide tax credits to faculty who teach in SC nursing education programs.
- e. Develop and fund statewide recruitment programs that target men and minorities.

#### **2. National Level:**

- a. Fund Title VIII – Nurse Reinvestment Act – at the requested full funding level of \$175 million. The Act enhances nursing education programs, targets faculty development, and provides tuition and loan assistance to students in advanced practice.
- b. Continue to urge philanthropists such as the Kellogg Foundation, Robert Wood Johnson Foundation, Johnson and Johnson Foundation, and others to create incentives and grant opportunities for states to



bring together coalitions to address the long-term issues of adequate health care resources in the future.

#### **IV. Recommendations**

1. Formulate legislation to create a SC Center for Nursing Workforce Development with a state-appropriated funding similar to that of the NC Center for Nursing. The workforce shortage is a long-term issue and will require long-term solutions and monitoring to avert a public health crisis in our state.
2. Propose legislation in the form of the South Carolina Nurse Shortage Reduction Act that would immediately earmark funds to increase the capacity of nursing education programs in our state and to retain the current workforce by providing tax incentives and loan cancellation programs.

### **Healthcare Workforce Shortages**

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## **Workforce Issues: The Need for Geriatricians**

By

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Workforce Issues:  
The Need for Geriatricians  
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University of South Carolina School of Medicine  
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**Statement of the Issue:**

There is a severe shortage of Geriatricians and Geropsychiatrists; this shortage will get worse.

Aging of our population will dramatically affect all aspects of health care, including the need for expert care by Geriatricians. While most care of seniors will be delivered by generalists (General Internists, Family Practitioners, and General Practitioners), there will be a need for Geriatricians to care for complex older patients. Presently, there are far too few Geriatricians to care for older adults: estimates range from a shortage of 5-20, 000 with the numbers needed dramatically increasing over the next 30 years.

Presently, South Carolina has an estimated 30 Geriatrically trained physicians to care for approximately 510,000 age 65 and over, for a ratio of 17,000:1 geriatrician. Yet, geriatricians can often provide the best and most cost efficient care for these adults. The American Federation of Aging Research estimates that if proper Geriatric care could result in a reduction in hospital, nursing home, and home care expenses of just 10%, the savings would have saved more than 50 Billion in health care in the year 2000. Estimates from the SC Lt Governor's office on Aging are that even a 1% savings in could mean \$1 Million per week in savings that could be invested in preventing many age associated diseases and conditions.

**Identification of Barriers:**

Presently, USC/ Palmetto Health have 4 geriatric fellowship training positions and MUSC has 2 geropsychiatric fellowship positions – yet even these few slots remain unfilled due to lack of qualified applicants. Despite Geriatricians having the highest job satisfaction of any specialty [ref] there is a paucity of qualified applicants. Why don't more physicians choose Geriatrics as a career?

There are multiple reasons why physicians don't enter Geriatrics and Geropsychiatry. Some, such as personal professional preferences, are inherent in both the potential trainee and the specialty of Geriatrics. However, one of the largest barriers to students selecting a career in Geriatric Medicine is financial.

There is little or no difference in reimbursement through the Medicare system for care provided by a certified Geriatrician compared to other generalists. Reimbursement for caring for seniors is comparatively poor, especially for physicians who care for complex frail patients. A general internal medicine or family medicine resident that decides to enter a geriatrics fellowship for one year, actually risks seeing their income fall because they sought extra training!

Even altruistic physicians, willing to accept a decline in salary, are dissuaded from entering Geriatric Medicine because of the large burden of educational debt they have incurred. The average medical student educational debt nationally is \$109,456, 25% have loans excess of \$150,000.

**Proposed Solutions:**

1. Efforts should be made to create financial incentives to encourage physicians to train in, and practice, Geriatric Medicine and Geropsychiatry.
2. There should be differential reimbursement on the part of Medicare that will significantly reward those who have certification in Geriatric Medicine and Geropsychiatry.

**Recommendations to the Conference:**

1. Actions at the Federal Level:
  - a. Medicare reimbursement should be revised to reflect an increase of at least 30% to practitioners who have practices that have at least 75% Medicare patients and also are certified or fellowship-trained in Geriatric Medicine or Geropsychiatry.
  - b. Strong incentives to train Geriatricians and Geropsychiatrists should be developed by increasing reimbursement through the graduate medical education funding mechanism of Medicare.
  - c. Additional incentives should be created to expand the numbers of academic Geriatricians, so that faculty will be available to train practicing Geriatricians. These include expansion of existing programs for junior faculty, and development of career awards for mid-level and senior faculty in educator tracks as well as research tracks.
  - d. All specialties that provide for care of older adults should have specific curriculum in aging and competency standards in the care of older adults.
2. Actions at the State Level
  - a. The Geriatrician Loan forgiveness act, presently being considered by the South Carolina Legislature should be approved and fully funded.
  - b. Additional incentives to expand Academic Geriatric and Geropsychiatry training programs should be implemented at both USC/Palmetto Health and MUSC. Additional funding for these initiatives should be provided through the state legislature. These initiatives should focus on expanding faculty resources to provide both education and research related to improving the care of older South Carolinians.

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# **Community Forums Report**

**(D)**

## **Workforce Issues**

## **2005 WHITE HOUSE CONFERENCE ON AGING**

### **COMMUNITY FORUMS**

#### ***WORKFORCE***

**LOCATION OF EVENT: Florence Civic Center – Florence, SC**

**Priority Issues:**

- A) Opportunities for older workers/retraining
- B) Coming shortage of trained workers
- C) Shortage of workers for senior services
- D) Significant need to develop the geriatric healthcare workforce

**Proposed Solution(s):**

- A) As we anticipate the wave of Baby Boomers who are nearing retirement age, preserving the value of their pension plans is crucial. Recommendations to retain older workers and encourage their reentry into the work force must be seriously considered. (It is anticipated that a dramatic decrease in younger workers will jeopardize the adequacy of America's work force.)
- B) Encourage the nation's employers to develop business models for recruiting and retaining mature workers.
- C) Improve the effectiveness of One-Stop Career Centers to connect mature workers to employment and training opportunities.
- D) Eliminate penalties to low-income older workers who rely on scarce employment and training opportunities.

**LOCATION OF EVENT: Emmanuel Baptist Church – Manning, SC**

**Priority Issue:**

Senior education and training/retraining.

**Barriers:**

- 1) Insufficient jobs available for people 55 and over who need to supplement their income.
- 2) Not enough money for needed senior training programs, especially for computer classes.
- 3) Insufficient training facilities.

**Proposed Solution(s):**

- 1) Develop affordable and readily available senior education/training programs that use job shadowing, work keys, and vocational rehabilitation training.
- 2) Broader communications between different agencies to determine availability of classes and on-the-job training opportunities.



**LOCATION OF EVENT: Kershaw County Health Resource Center – Camden, SC**

**Barriers:**

- 1) There is a gap in availability of a strong healthcare workforce.
- 2) There are no work options for adult caregivers who need to work.
- 3) There is a need for younger skilled workers to replace the many seniors that will be retiring in the near future.
- 4) Lack of incentives for younger workers and available resources.

**Proposed Solution(s):**

- 1) Promote job sharing to increase options for seniors.
- 2) Promote a flexible schedule for seniors who are required to provide child care/adult care to families; also, consider allowing seniors to work from their homes if possible.
- 3) Provide incentives for companies to locate here to increase job options.
- 4) Establish mentoring/job shadowing programs; consider intergenerational and peer groups.

**LOCATION OF EVENTS: The Shepherd's Center – Sumter, SC**

**Priority Issue:**

The retraining of an older workforce and options to enhance/encourage continued employment.

**Barriers:**

- 1) General high unemployment.
- 2) Age discrimination.
- 3) Lack of affordable training opportunities.
- 4) No alternative training or non-traditional training programs.

**Proposed Solution(s):**

- 1) Establish non-traditional, senior focused training opportunities for older adults.
- 2) Provide business incentives to hire mature workers.
- 3) Encourage businesses to offer flexible work place options (job sharing, work schedule).
- 4) Educate employers on benefits of hiring mature workers (stability, reliability, strong work ethics, and life experiences, etc.).
- 5) Make vocational counselors available to encourage older workers.

**LOCATION OF EVENT: Bethlehem United Methodist Church – Bishopville, SC**

**Priority Issue:**

Older workers in the workforce.

**Barriers:**

- 1) Age discrimination.
- 2) Health issues.
- 3) Skill level of older workers, lack of current technology.
- 4) Transportation for seniors to get to work.

**Proposed Solution(s):**

- 1) Educate employer concerning the assets of the older workers.
- 2) Provide free healthcare for elderly.
- 3) Provide free or affordable senior training and specialized training.
- 4) Establish a vanpool to provide specialized transportation for seniors (consider applying for a grant).

**LOCATION OF EVENT: Upper Savannah AAA – Greenwood, SC**

**Priority Issue:**

Jobs (employment) and volunteer opportunities for senior citizens.

**Barriers:**

- 1) Lack of resources.
- 2) Transportation.

**Proposed Solutions:**

**NOT ADDRESSED IN PACKET.**